

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE
DIVISION OF PUBLIC HEALTH ASSURANCE
RADIOACTIVE MATERIALS PROGRAM**

APPLICATION FOR REGISTRATION OF SERVICES FOR RADIATION SOURCES

INSTRUCTIONS - (Use additional sheets where necessary.)

Type or Print except where indicated.

Retain one copy for your files and submit original application to: Department of Health and Human Services Regulation and Licensure, Division of Public Health Assurance, 301 Centennial Mall South, P.O. Box 95007, Lincoln, NE 68509-5007.

Upon approval of this application, the applicant will receive a Radioactive Material License, issued in accordance with the requirements contained in Title 180, Regulations for Control of Radiation and the Nebraska Radiation Control Act.

1. <u>Name and Street Address of Applicant (Individual or Company)</u> <div style="margin-left: 100px;">Applicant Name: _____</div> <div style="margin-left: 100px;">Address: _____</div> <div style="margin-left: 100px;">City, State Zip+4 _____</div> <div style="margin-left: 100px;">Telephone #: _____</div> <div style="margin-left: 100px;">FAX#: _____</div> <div style="margin-left: 100px;">E-mail Address: _____</div>	
2. <u>Person to Contact Regarding this Application</u> <div style="margin-left: 100px;">_____</div> <div style="margin-left: 100px;">Telephone # _____</div>	3. <u>Individual User(s)</u> Submit in duplicate on a separate sheet(s) the Name and Title of individual(s) qualified to perform each service listed below. Document training and experience in accordance with 180 NAC 15.
4. <u>Services Provided (check as appropriate)</u> <u>Radioactive Material Services Requiring Registration and an Agency, NRC or Agreement State Specific License:</u> <div style="margin-left: 20px;"> <input type="checkbox"/> Analysis of Samples for Radioactivity <input type="checkbox"/> Bioassay <input type="checkbox"/> Calibration of Radiation monitoring Instruments <input type="checkbox"/> Decommissioning of Facilities <input type="checkbox"/> Decontamination of Facilities <input type="checkbox"/> Facility/Packaging Shielding Determination (Use of Radioactive Material) <input type="checkbox"/> Leak Test Service <input type="checkbox"/> Waste Disposal Services (Receipt of Waste) </div> <div style="text-align: right; margin-top: 20px;">(continued)</div>	

4. Services Provided (check as appropriate) (Continued)

Radioactive Material Services Requiring Registration:

- ☐ Waste Disposal Consultation Services (No Receipt of Waste)

Radiation Generating Equipment Services Requiring Registration:

- ☐ Device Sales
- ☐ Device Services (Demonstration, Installation, Electronic Calibration, Repair, Survey)

General Radiation Services Requiring Registration:

- ☐ Facility/Packaging Shielding Review (Calculation Only) - Submit Procedures
- ☐ Radiation Protection or Health Physics Consultation
- ☐ Radiation Survey - Submit Instrumentation and Procedures
- ☐ Personnel Monitoring - Submit NVLAP Certification
- ☐ Other

5. CERTIFICATION
(This Item must be completed by applicant.)

The applicant and any official executing this document on behalf of the applicant named in Item 1., certify that this application is prepared in conformity with the Nebraska Department of Health and Human Services Regulation and Licensure, Title 180, Regulations for Control of Radiation and that all information contained herein, including any Supplements attached hereto, is true and correct to the best of our knowledge and belief.

Applicant Name From Item 1.

By: _____
Signature

Date:

Print Name and Title of certifying official authorized to act on behalf of the applicant

Registration Does Not Imply Approval or Disapproval of Service